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Advance Staffing Plan											NE-NAME LISTING		
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3. FUNCTIONAL A	REA		1	ISTICS		SECURITY			OTHER (specify)				
4. NO. OF COPIE	S BREPA	oen -		DICAL FREQUENCY (week!)	y- mont/	monthly, quarterly, etc.)			6. DIS	TRIBUTIO	N (No. of	components not	
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8			A	Annual, plus	1 rev	revision.			İ		3		
7. FORMAT (memo	randum,	form	8. /	ADP PROCESSING		9. DIF			RECTIVE	RECTIVE AUTHORITY REQUIRING REPORT			
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10. PREPARING COMPONENT (include lowest level contributing information to report) II. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.													
DDS/OP/SPD Estimates, oral and written, from all operating													
components as to anticipated manpower needs.													
12. COST FACTORS													
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DISCONTINU													
16. DATE OF INVE	16. DATE OF INVENTORY 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2006/11/13: CIA-RDP75-00399R000100160123-4 DD/Pers/R&P												
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